

**SUPPLEMENTAL APPLICATION DATA SHEET****APPLICATION INFORMATION**

Application number::	10/692,031
Filing Date::	10/23/03
Application Type::	Reissue
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1797
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	ELECTROCHEMICAL BIOSENSOR TEST STRIP
Attorney Docket Number::	007404-000571 19032 US5
Request For Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	
Latin name::	
Variety denomination name::	
Petition included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: F.  
Family Name:: Crismore  
Name Suffix::  
City of Residence:: Raleigh  
State or Province of Residence:: NC  
Country of Residence:: United States  
Street of mailing address:: 6225 Allsdale Drive  
City of mailing address:: Raleigh  
State or Province of mailing address:: NC  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 27617

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Nigel  
Middle Name:: A.  
Family Name:: Surridge  
Name Suffix::  
City of Residence:: Indianapolis  
State or Province of Residence:: IN  
Country of Residence:: United States  
Street of mailing address:: 9702 Iroquois Court  
City of mailing address:: Indianapolis  
State or Province of mailing address:: IN  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 46256

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: R.  
Family Name:: McMinn  
Name Suffix::  
City of Residence:: Danville  
State or Province of Residence:: CA  
Country of Residence:: United States  
Street of mailing address:: 317 Mountain Ridge Drive  
City of mailing address:: Danville  
State or Province of mailing address:: CA  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 94506

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name:: J.  
Family Name:: Bodensteiner  
Name Suffix::  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: United States  
Street of mailing address:: 2960 Holyrood Drive  
City of mailing address:: Oakland  
State or Province of mailing address:: CA  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 94614

Applicant Authority Type:: \_\_\_\_\_ Inventor  
Primary Citizenship Country:: \_\_\_\_\_ United States  
Status:: \_\_\_\_\_ Full Capacity  
Given Name:: \_\_\_\_\_ Eric  
Middle Name:: \_\_\_\_\_ R.  
Family Name:: \_\_\_\_\_ Diebold  
Name Suffix:: \_\_\_\_\_  
City of Residence:: \_\_\_\_\_ Fishers  
State or Province of Residence:: \_\_\_\_\_ IN  
Country of Residence:: \_\_\_\_\_ United States  
Street of mailing address:: \_\_\_\_\_ 8765 Providence Drive  
City of mailing address:: \_\_\_\_\_ Fishers  
State or Province of mailing address:: \_\_\_\_\_ IN  
Country of mailing address:: \_\_\_\_\_ United States  
Postal or Zip Code of mailing address:: \_\_\_\_\_ 46038

Applicant Authority Type:: \_\_\_\_\_ Inventor  
Primary Citizenship Country:: \_\_\_\_\_ United  
Status:: \_\_\_\_\_ Full Capacity  
Given Name:: \_\_\_\_\_ R.  
Middle Name:: \_\_\_\_\_ Dale  
Family Name:: \_\_\_\_\_ Delk  
Name Suffix:: \_\_\_\_\_  
City of Residence:: \_\_\_\_\_ Muncie  
State or Province of Residence:: \_\_\_\_\_ IN  
Country of Residence:: \_\_\_\_\_ United States  
Street of mailing address:: \_\_\_\_\_ 1605 South Stockport Drive  
City of mailing address:: \_\_\_\_\_ Muncie  
State or Province of mailing address:: \_\_\_\_\_ IN  
Country of mailing address:: \_\_\_\_\_ United States  
Postal or Zip Code of mailing address:: \_\_\_\_\_ 47304

Applicant Authority Type:: \_\_\_\_\_ Inventor  
Primary Citizenship Country:: \_\_\_\_\_ United States  
Status:: \_\_\_\_\_ Full Capacity  
Given Name:: \_\_\_\_\_ David  
Middle Name:: \_\_\_\_\_ W.  
Family Name:: \_\_\_\_\_ Burke  
Name Suffix:: \_\_\_\_\_  
City of Residence:: \_\_\_\_\_ Indianapolis  
State or Province of Residence:: \_\_\_\_\_ IN  
Country of Residence:: \_\_\_\_\_ United States  
Street of mailing address:: \_\_\_\_\_ 8951 RiverBend Court  
City of mailing address:: \_\_\_\_\_ Indianapolis  
State or Province of mailing address:: \_\_\_\_\_ IN  
Country of mailing address:: \_\_\_\_\_ United States  
Postal or Zip Code of mailing address:: \_\_\_\_\_ 46250

Applicant Authority Type:: \_\_\_\_\_ Inventor  
Primary Citizenship Country:: \_\_\_\_\_ United States  
Status:: \_\_\_\_\_ Full Capacity  
Given Name:: \_\_\_\_\_ Jiaxiong  
Middle Name:: \_\_\_\_\_ Jason  
Family Name:: \_\_\_\_\_ Ho  
Name Suffix:: \_\_\_\_\_  
City of Residence:: \_\_\_\_\_ Carmel  
State or Province of Residence:: \_\_\_\_\_ IN  
Country of Residence:: \_\_\_\_\_ United States  
Street of mailing address:: \_\_\_\_\_ 5275 Ivy Hill Drive  
City of mailing address:: \_\_\_\_\_ Carmel  
State or Province of mailing address:: \_\_\_\_\_ IN  
Country of mailing address:: \_\_\_\_\_ United States  
Postal or Zip Code of mailing address:: \_\_\_\_\_ 46033

Applicant Authority Type:: \_\_\_\_\_ Inventor  
Primary Citizenship Country:: \_\_\_\_\_ United States  
Status:: \_\_\_\_\_ Full Capacity  
Given Name:: \_\_\_\_\_ Robert  
Middle Name:: \_\_\_\_\_ Kitchel  
Family Name:: \_\_\_\_\_ Earl  
Name Suffix:: \_\_\_\_\_  
City of Residence:: \_\_\_\_\_ Carmel  
State or Province of Residence:: \_\_\_\_\_ IN  
Country of Residence:: \_\_\_\_\_ United States  
Street of mailing address:: \_\_\_\_\_ 12598 Spring Violet Place  
City of mailing address:: \_\_\_\_\_ Carmel  
State or Province of mailing address:: \_\_\_\_\_ IN  
Country of mailing address:: \_\_\_\_\_ United States  
Postal or Zip Code of mailing address:: \_\_\_\_\_ 46033

Applicant Authority Type:: \_\_\_\_\_ Inventor  
Primary Citizenship Country:: \_\_\_\_\_ United States  
Status:: \_\_\_\_\_ Full Capacity  
Given Name:: \_\_\_\_\_ Brian  
Middle Name:: \_\_\_\_\_ A.  
Family Name:: \_\_\_\_\_ Heald  
Name Suffix:: \_\_\_\_\_  
City of Residence:: \_\_\_\_\_ Fishers  
State or Province of Residence:: \_\_\_\_\_ IN  
Country of Residence:: \_\_\_\_\_ United States  
Street of mailing address:: \_\_\_\_\_ 10337 Seagrave Drive  
City of mailing address:: \_\_\_\_\_ Fishers  
State or Province of mailing address:: \_\_\_\_\_ IN  
Country of mailing address:: \_\_\_\_\_ United States  
Postal or Zip Code of mailing address:: \_\_\_\_\_ 46038

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 41577  
Phone number:: 317-634-3456  
Fax Number: 317-637-7561

**REPRESENTATIVE INFORMATION**

Representative Customer Number:: 41577

**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	10/008,788	12/07/01
10/008,788	Reissue of	08/985,840	12/05/97

**FOREIGN PRIORITY INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**ASSIGNEE INFORMATION**

Assignee name:: Roche Diagnostics Operations, Inc.  
Street of mailing address:: 9115 Hague Road  
City of mailing address:: Indianapolis  
State or Province of mailing address:: IN  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 46250-0457

Assignee name:: Roche Operations Ltd.  
Street of mailing address:: Clarendon House  
2 Church Street  
City of mailing address: Hamilton  
State or Province of mailing address::  
Country of mailing address:: Bermuda  
Postal or Zip Code of mailing address:: HM 11

## **SIGNATURE**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Respectfully submitted,

By / Elizabeth A. Shuster, #52672 /  
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